


TRANSMITTAL OF SHOP DRAWINGS, EQUIPMENT DATA, MATERIAL SAMPLES, OR MANUFACTURER'S CERTIFICATES OF COMPLIANCE For use of this form, see ER 415-1-10; the proponent agency is CECW-CE.				DATE 11/11/2016		TRANSMITTAL NO. 00350-99		
SECTION I - REQUEST FOR APPROVAL OF THE FOLLOWING ITEMS (This section will be initiated by the contractor)								
TO: NEW BEDFORD RESIDENT OFFICE 103 Sawyer Street New Bedford, MA 02746-2448			FROM: Jacobs Engineering 55 Old Bedford Road Lincoln, MA 01773		CONTRACT NO. W912WJ-14-D-0002 0001		CHECK ONE: <input checked="" type="checkbox"/> THIS IS A NEW TRANSMITTAL <input type="checkbox"/> THIS IS A RESUBMITTAL OF TRANSMITTAL _____	
SPECIFICATION SEC. NO. (Cover only one section with each transmittal) 00350 Field Season Plans/Reports			PROJECT TITLE AND LOCATION 01-Main Register Interim RAC New Bedford Harbor Superfund New Bedford/Fairhaven MA			THIS TRANSMITTAL IS FOR: (Check one) <input checked="" type="checkbox"/> MAO <input type="checkbox"/> GA <input type="checkbox"/> DA <input type="checkbox"/> CR <input type="checkbox"/> DA/CR <input type="checkbox"/> DA/GA		
ITEM NO. (See Note 3) a.	DESCRIPTION OF SUBMITTAL ITEM (Type size, model number/etc.) b.	SUBMITTAL TYPE CODE (See Note 8) c.	NO. OF COPIES d.	CONTRACT REFERENCE DOCUMENT e. f.		CONTRACTOR REVIEW CODE g.	VARIATION Enter "Y" if requesting a variation (See Note 6) h.	USACE ACTION CODE (Note 9) i.
98	Prelim Dft AVX VOC Cross Sec 3-8 to 3-14 EPA Request	SD-12	7			A		
REMARKS Distribution: Email USACE Concord: Ellen Iorio; EPA: Ginny Lombardo, Elaine Stanley; Jacobs Transmittal Only: Mike Morris, Steve Fox; Hard Copies: Site File, Document Control; Jacobs DCN: ACE-J23-35BG1001-G2-0241				I certify that the above submitted items have been reviewed in detail and are correct and in the strict conformance with the contract drawings and specifications except as otherwise stated. <div style="text-align: right;"> Anita Rigassio Smith  NAME AND SIGNATURE OF CONTRACTOR </div>				
SECTION II - APPROVAL ACTION								
ENCLOSURES RETURNED (List by item No.)			NAME, TITLE AND SIGNATURE OF APPROVING AUTHORITY			DATE		